



Burleson Fire/EMS Transport Update

CITY COUNCIL PRESENTATION

DECEMBER 11, 2023



Discussion Objectives

EMS Response Data for Burleson and CareFlite

Review the Fire/EMS Mission and EMS Ordinance

Define Interfacility Transfers, patient acuity, dispatch procedures

Define emergency vs non-emergency transports

EMS response model changes

Texas Health Burleson Update (Blake Windham)

Medical Necessity Discussion (Dr. Joseph Cordova M.D.)

Key Takeaways & Successes

Burleson EMS Runs Oct – Nov 2023

Response Type	Number of Runs	Percent of Total Runs
911 Response	982	85.47%
Interfacility Transport	118	10.27%
Lift Assist	43	3.74%
Assist Unit	5	0.44%
Standby	1	0.09%
Total 1,149		Total 100.00%

Response Data

EMS Oct 1st – Nov 30th, 2023

- Burleson EMS Calls – 1,149
- Burleson Patients Transported – 725
 - 911 Transports – 611 - 84% of patients transported
 - Burleson Interfacility – 118 - 16% of patients transported



Response Data

EMS Oct 1st – Nov 30th, 2023

- CareFlite EMS Calls – 176
- CareFlite Patients Transported – 128 – 15% of all patients transported from Burleson
 - CareFlite 911 Transports – 59
 - CareFlite Interfacility - 69

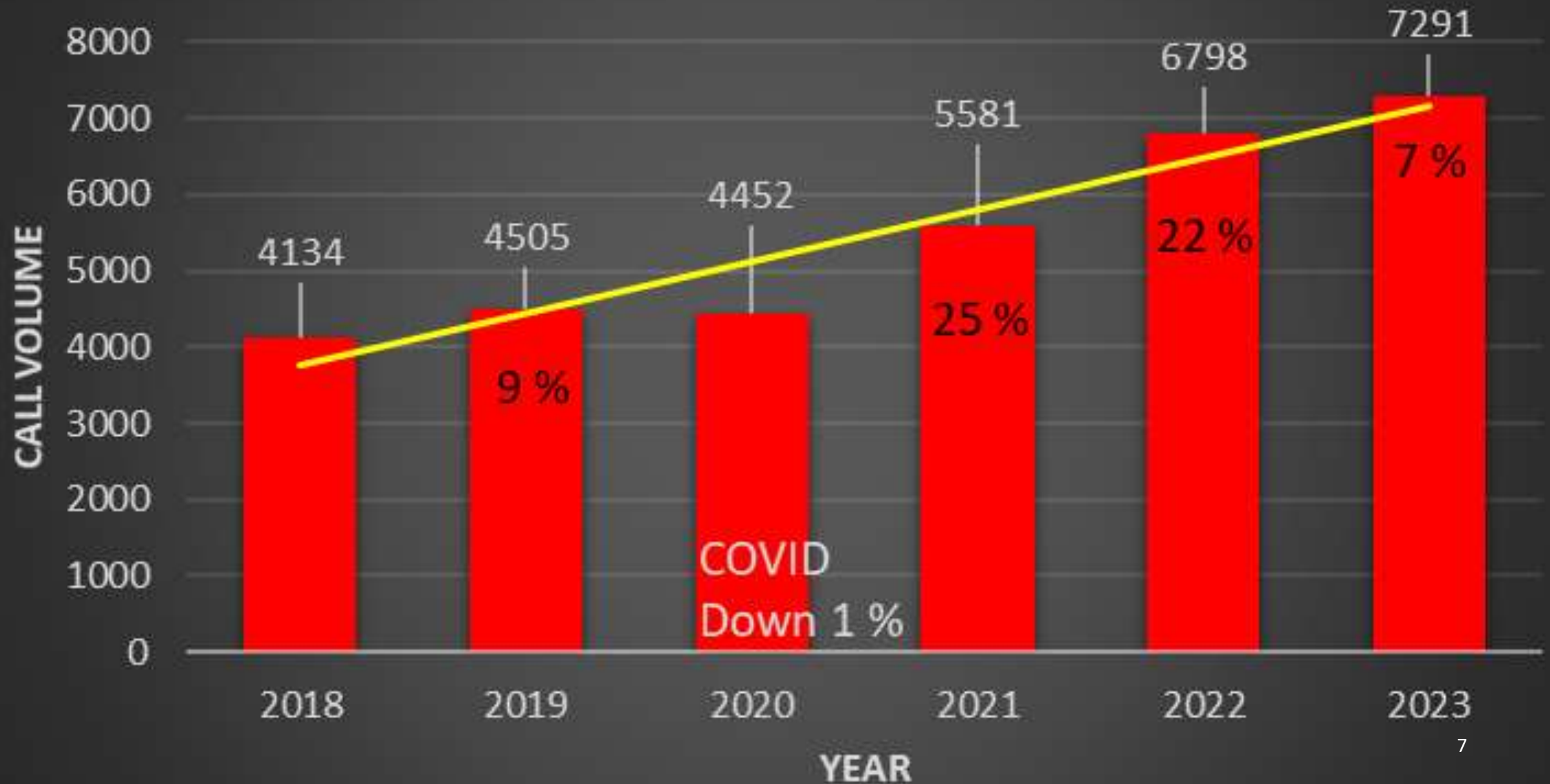




Average Run Time Summary Report (In Minutes)

Avg. Unit Notified to Enroute	Avg. Unit Enroute to Arrived at Scene	Avg. Unit Arrived on Scene to Left Scene	Avg. Unit Left Scene to Arrived at Destination	Avg. Patient Arrived at Destination to Unit Back in Service
00:34	04:17	21:59	17:24	24:23

Burleson Fire/EMS Call Volume



Mission / Ordinance

- ✓The mission of Burleson/Fire EMS is to improve the quality of life and safety of our citizens by providing the highest level of service through, Fire Prevention, Community Risk Reduction, Emergency Response and Training.
- ✓EMS Ordinance Purpose & Intent: "To establish a regulated prehospital emergency medical services and medical transportation system which can provide quality clinical care with performance measures and standards, with the goal of facilitating the best possible outcomes for each patient"
- ✓"To administer and operate the prehospital emergency medical services and medical transportation system in the service area and to administer and operate the mobile integrated healthcare program"
- ✓"To designate the City as the sole-provider of emergency and nonemergency ambulance service including interfacility transfers and special event stand-by services within this jurisdiction to maintain consistent, high-quality service while controlling costs through efficiencies and economy's of scale"
- ✓"The City is hereby designated as the sole provider of ambulance service and special event ambulance standby service within the service area, whether directly or indirectly through contractors, pursuant to the terms, conditions, and provisions of this Article."

Interfacility Transfers

Interfacility Transfer — Any transfer, after initial assessment and stabilization, from and to a health care facility.

Examples would include:

- Hospital to Hospital
- Clinic to hospital
- Hospital to Rehabilitation
- Hospital to Long-term care

Transport – The physical process of moving a patient from one location to another.

Medical Necessity Certification Statement – This form is utilized by the facility to certify the requirement for transportation based on the recommendation of a healthcare professional.

Work Cited

National Highway Traffic Safety Administration. Interfacility_transfers.2006, https://www.ems.gov/assets/Interfacility_Transfers.pdf. PDF download.

Levels of Patient Acuity

In order to provide safe and effective care, provider capabilities must match the patient's current and potential needs. For each level, examples are provided of the types of needs the patient might have and the level of care likely to be required at each level.

- **Stable with no risk for deterioration** — Oxygen, monitoring of vital signs, saline lock, basic emergency medical care).
- **Stable with low risk of deterioration** — Running IV, some IV medications including pain medications, pulse oximetry, increased need for assessment and interpretation skills (advanced care).
- **Stable with medium risk of deterioration** — 3-lead EKG monitoring, basic cardiac medications, e.g., heparin or nitroglycerine National Highway Traffic Safety Administration Guide for Interfacility Patient Transfer (advanced care +).
- **Stable with high risk of deterioration** — Patients requiring advanced airway but secured, intubated, on ventilator, patients on multiple vasoactive medication drips (advanced care +), patients whose condition has been initially stabilized, but has likelihood of deterioration, based on assessment or knowledge of provider regarding specific illness/injury.
- **Unstable** — Any patient who cannot be stabilized at the transferring facility, who is deteriorating or likely to deteriorate, such as patients who require invasive monitoring, balloon pump, who are post-resuscitation, or who have sustained multiple trauma (critical care or available crew with time considerations).

Work Cited

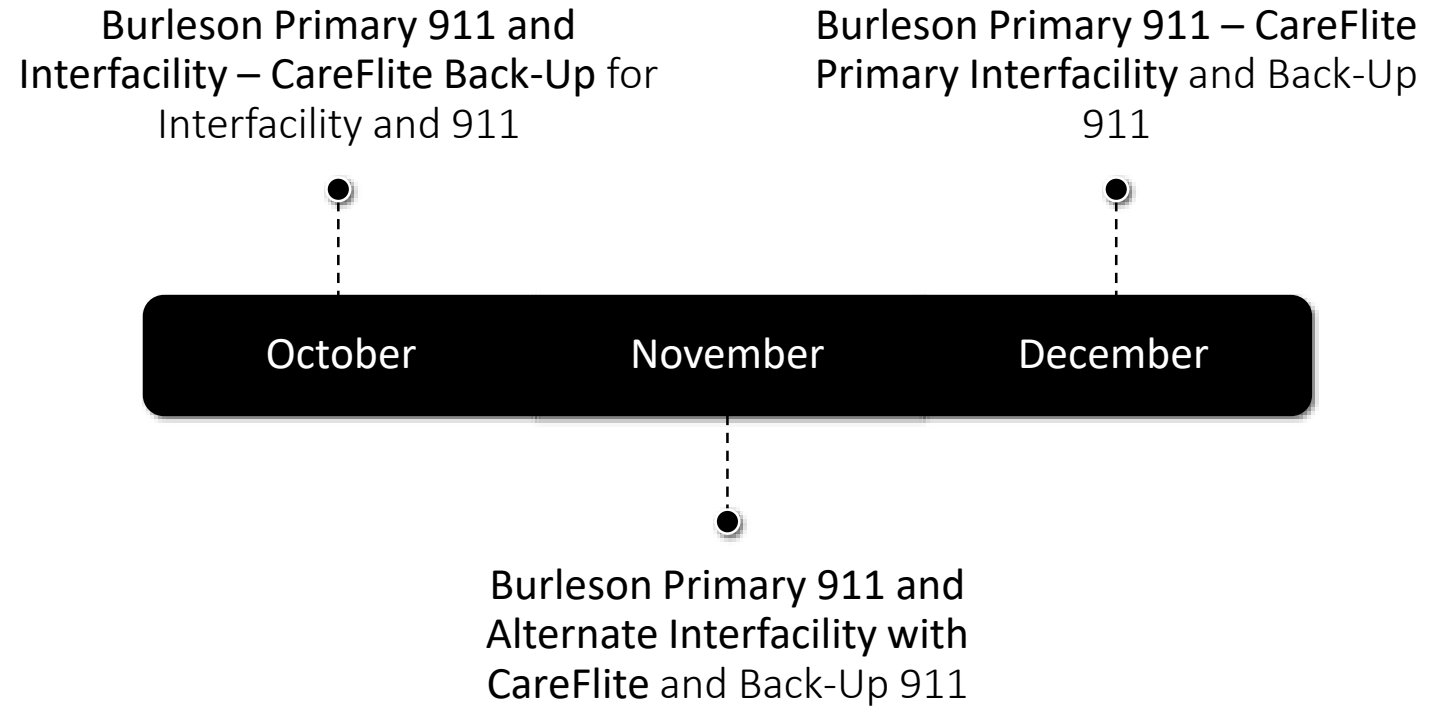
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General definitions & medical necessity for ground Ambulance transports:

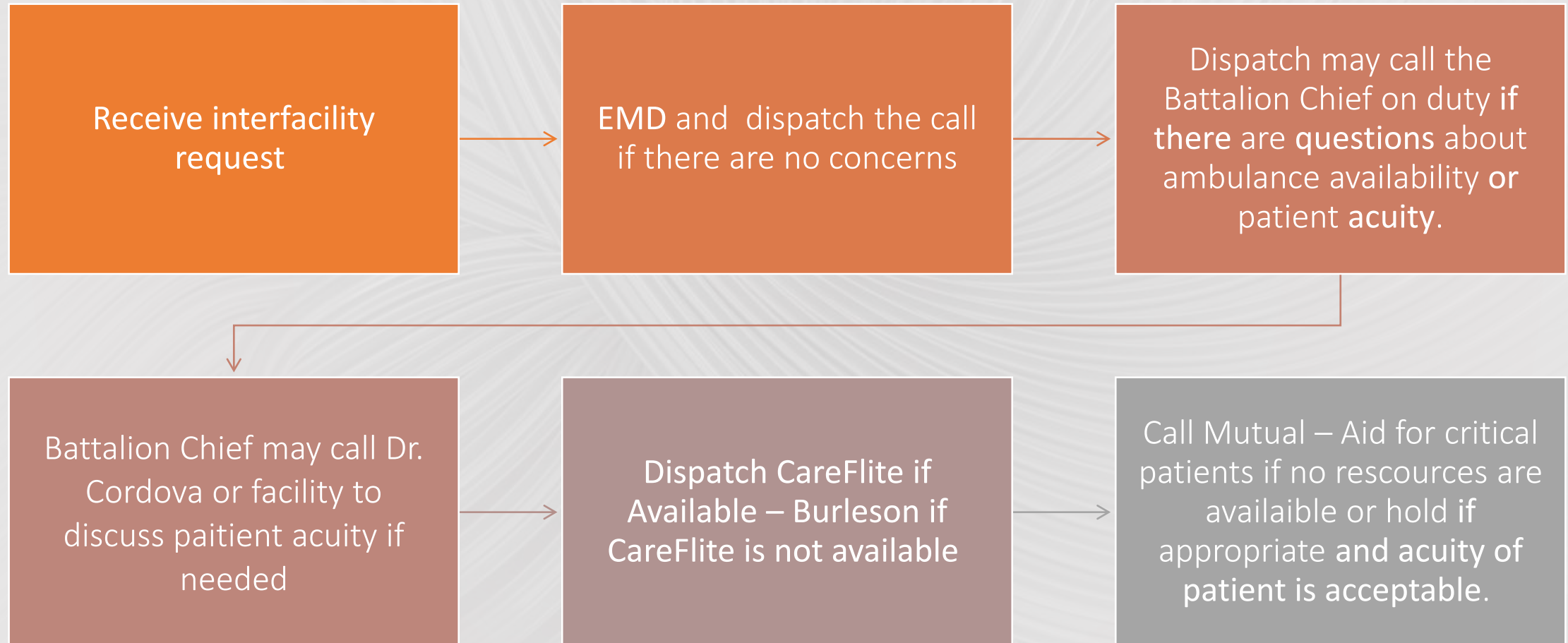
Emergency transport: The most common type of transport for ambulance services and occurs when a life-threatening situation occurs where immediate medical attention is needed. Some examples of patients needing emergency transportation are heart attacks, strokes, severe injuries from trauma, serious impairment to bodily functions and serious dysfunction of any bodily organ or part. Facility-to-facility transports are appropriate as emergencies if the required treatment for the emergency medical condition is not available at the first facility.

Nonemergency transport: Transports that occur when the patients' needs are not immediate. Some examples include transporting a patient to or from a scheduled medical appointment, to or from another licensed facility for treatment, or to the recipient's home after discharge from a hospital. Generally, non-emergency transports are arranged in advance and may include dates, times, pick-up and drop-off locations.

EMS Response Model Changes



Public Safety Communications / Dispatch





Texas Health Resources Update (Blake Windham)

Medical Necessity
Discussion (Dr.
Joseph Cordova
M.D.)



Key takeaways and successes!

Near drowning

Delivered a baby

2 CPR saves

Baylor Scott & White Burleson (Local Resource – 8 In-Patient Beds)



Questions
